DOCUMENT RESUME

ED 185 758 EC 123 913

AUTHOR Poland, Stephen: And Others
TITLE Current Assessment and Decision-Making Practices in School Settings as Reported by Directors of Special Education.
INSTITUTION Minnesota Univ., Minneapolis. Inst. for Research on Learning Disabilities.
SPONS AGENCY Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
REPORT NO IRLD-RR-14
PUB DATE Nov 79
CONTRACT 300-77-0491
NOTE 38p.; See also EC 123 901-925.

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Administrators; *Decision Making; Elementary Secondary Education; *Evaluation Methods; *Learning Disabilities; *Student Evaluation; Student Placement; Teamwork

ABSTRACT

Questionnaire data from 100 directors of special education were analyzed to examine the manner in which decisions are made about learning disabled (LD) children in school settings. Information was obtained on the membership of teams making screening, placement, and instructional planning decisions; major steps involved in the assessment and decision making process; factors thought to influence the outcome of team meetings; and major problems faced by directors in the decision making process. Results indicated that although most directors agreed on some components of the process, there was considerable variation in their descriptions of how the process was carried out. Appended is a 13 step model of the assessment/decision making process. (Author/CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED185758

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

University of Minnesota

Research Report No. 14

CURRENT ASSESSMENT AND DECISION-MAKING PRACTICES IN SCHOOL SETTINGS AS REPORTED BY DIRECTORS OF SPECIAL EDUCATION

Stephen Poland, James Ysseldyke, Martha Thurlow, Phyllis Mirkin

IRLD

Institute for Research on Learning Disabilities

EC123913

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

James Ysseldyke

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

IRLD

Director: James E. Ysseldyke

Associate Director: Phyllis K. Mirkin

The Institute for Research on Learning Disabilities is supported by a contract (300-77-0491) with the Bureau of Education for the Handicapped, Department of Health, Education, and Welfare, U.S. Office of Education, through Title VI-G of Public Law 91-230. Institute investigators are conducting research on the assessment/decision-making/intervention process as it relates to learning disabled children. Research activities are organized into eight major areas:

I. Adequacy of Norm-Referenced Data for Prediction of Success

II. Computer Simulation Research on the Assessment/Decision-making/Intervention Process

III. Comparative Research on Children Labeled LD and Children Failing Academically but not Labeled LD

IV. Surveys on In-the-Field Assessment, Decision Making, and Intervention

V. Ethological Research on Placement Team Decision Making

VI. Bias Following Assessment

VII. Reliability and Validity of Formative Evaluation Procedures

VIII. Data-Utilization Systems in Instructional Programming

Additional information on these research areas may be obtained by writing to the Editor at the Institute.

The research reported herein was conducted under government sponsorship. Contractors are encouraged to express freely their professional judgment in the conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent official position of the Bureau of Education for the Handicapped.

FEB 1 3 1980

Research Report No. 14

CURRENT ASSESSMENT AND DECISION-MAKING PRACTICES IN SCHOOL SETTINGS AS REPORTED BY DIRECTORS OF SPECIAL EDUCATION

Stephen Poland, James Ysseldyke, Martha Thurlow, Phyllis Mirkin

Institute for Research on Learning Disabilities

University of Minnesota

November, 1979

Abstract

Questionnaire data from 100 directors of special education were analyzed to characterize the manner in which decisions are made about learning disabled children in school settings. Information was obtained on the membership of teams making screening, placement, and instructional planning decisions, the major steps in the assessment and decision-making process, factors thought to influence the outcome of team meetings, and major problems faced by directors in implementing the decision-making process. The results indicated that although most directors agreed on some components of the process, there was considerable variation in their descriptions of how the process is carried out. The implications of these results for current educational practice are discussed.

Current Assessment and Decision-Making Practices in School Settings as Reported by Directors of Special Education

Educational decision making is a daily practice in the schools across our nation. Such decisions have major implications for the treatment a student receives in a school setting. Passage of legislation such as P.L. 94-142 has mandated the need for assessment and decision-making procedures that are designed to ensure that those pupils with special needs are appropriately identified and served.

A great deal of conceptual confusion appears to surround the concept "learning disabled." Given the lack of a widely accepted operational definition of the term "learning disability" (see Thurlow & Ysseldyke, 1979), how is the decision made that a student with learning problems is eligible to receive learning disability services?

As Thurlow and Ysseldyke (1979) have pointed out,"it has been extremely difficult to characterize the ways in which decisions are made for or about children said to be learning disabled" (p. 1). Although some researchers have looked at specific components of the assessment and decision-making process, such as the placement team meeting, few have examined the process in its entirety. An important recent exception is a paper by Hoff, Fenton, Yoshida, and Kaufman (1978) which examined parental involvement in the planning and placement process from initial notification that the school was taking action to the formulation of the placement decision. Further studies of the assessment/decision-making process are needed.

Directors of special education probably are among the best informed persons regarding the legal and practical issues of assessment and

decision making. Fenton, Yoshida, Maxwell, and Kaufman (1979) determined that of all the placement team members, the administrator had the highest awareness of the responsibilities of the team. The instructional staff, especially the regular education teachers, had significantly lower recognition of those goals. While directors' reports of current practice may not be exact reflections of the process as it is actually carried out in school settings, their perceptions of how the process operates are important. In the present study, directors of special education were asked to describe the current process of assessment and decision making in their school districts.

Method

Subjects

Two procedures were used to identify a sample of 161 directors of special education in the continental U.S. and Hawaii. First, directors in the initial pool included those from school districts used in the development and standardization of the Woodcock-Johnson Psycho-Educational Battery (Woodcock & Johnson, 1977). These directors were from communities in 18 states that had been carefully chosen to provide a representative sample of the U.S. population stratified on variables such as sex, race, and occupational status. To expand this subject pool, directors from each of the 50 states were selected randomly from a directory of U.S. school districts and added to ensure that the final sample included at least three directors from each of the 50 states. The subjects in the final sample were 100 directors from 49 states who returned questionnaires (a return rate of 62%).

Materials

A questionnaire (see Appendix A) was developed to collect the following kinds of information: (a) background information about the district, such as the number of pupils attending elementary classes and the average per-pupil expenditure for regular and special education services, (b) typical composition of the team involved in making screening, placement, and instructional programming decisions, (c) sequence of steps in the assessment and decision-making process, (d) factors thought to influence the outcome of the team decision-making process, and (e) general concerns regarding placement team decision making and the development of the individualized educational plan (IEP).

Procedure

In spring 1979, questionnaires and stamped return envelopes were sent to 161 directors of special education. Six weeks later a second copy of the questionnaire was sent to those directors not responding to the first mailing.

Results

Background Information

Of the 95 directors who characterized the area served by their districts, 46 (48%) indicated they served rural, 25 (26%) urban, and 24 (25%) suburban settings. Districts ranged widely in total population served (adults and children) and the number of pupils attending elementary classes (grades K-6). Total population ranged from less than 2,500 persons to over 1,000,000 persons; elementary class enrollment ranged from less than 100 pupils to over 50,000 pupils. The modal elementary population was 2,000 to 5,000 pupils (28 districts).

Information on district expenditures for regular and/or special education services was provided by 67 directors. The average per-pupil expenditure for regular education services was $1391.24; the average expenditure for special education services was $2205.50.

Composition of the Decision-Making Team

Ninety-seven directors indicated the persons typically involved in screening, placement, and instructional planning decisions. Team membership varied, as seen in Table 1, as a function of the type of decision being made.

- - - - - - - - - - - - - - - - - -

Insert Table 1 about here

- - - - - - - - - - - - - - - - - -

From one to 15 persons were involved in making screening decisions ($\bar{X}$ = 7.6, SD = 2.8). The persons most frequently mentioned as participating in screening decisions were the regular education teacher (82%), administrator (72%), speech and language specialist (69%), psychologist (64%), and parent (61%). Placement decisions also involved from one to 15 persons ($\bar{X}$ = 9.0, SD = 2.7), with the persons most frequently mentioned being the parent (91%), administrator (89%), special education teacher (85%), psychologist (81%), and regular education teacher (78%). Instructional planning decisions involved from one to 14 persons ($\bar{X}$ = 6.9, SD = 2.8); the individuals most frequently included were the special education teacher (89%), parent (84%), regular education teacher (72%), learning disabilities specialist (68%), and administrator (55%). Some directors noted that team membership often varied as a function of the child's presenting problem(s).

Directors also identified those professionals they would include on a placement team limited to four persons. Table 2 lists the percentage of directors choosing each professional to serve on this hypothetical placement team. Three professionals were named by over 50 percent of the directors: Regular education teacher (79.8%), special education teacher (71.7%), and psychologist (63.6%). The next three professionals (principal, director of special education, and school administrator) might all be considered as one professional category, resulting in a total percentage of 74.7 percent. When the administrator category is combined this way, the four professionals listed are the same four professionals mentioned most frequently as participating in placement team decisions (Table 1).

- - - - - - - - - - - - - - - - - -

Insert Table 2 about here

- - - - - - - - - - - - - - - - - -

Length of Meetings

Directors were asked to indicate the length, in minutes, of meetings where placement decisions were made. The longest meetings averaged two hours ($\bar{X}$ = 121.7, SD = 99.5, N = 98); the shortest meeting was 25 minutes ($\bar{X}$ = 25.2, SD = 12.9, N = 97), and the average meeting was 50 minutes ($\bar{X}$ = 51.0, SD = 25.1, N = 99). Overall, directors reported meetings ranging in duration from five minutes to 16 hours.

Steps in Assessment and Decision-Making Process

Directors were asked to list the major steps in the assessment and decision-making process, excluding only that portion of the process involving the periodic re-evaluation of placements or instructional programs. Ninety-seven directors responded; seven provided printed information

describing the process. Responses varied considerably both in the number of steps identified and in the amount of detail included.

In their original descriptions of the assessment and decision-making process, from four to 13 steps were listed by the directors, with the mean number being 8.9 (SD = 2.4). To facilitate analysis, a list of 13 steps was developed based on a brief survey of the literature concerning team decision making and the development of the IEP (Gillespie, 1978, Hoff et al., 1978, H. Walker, 1978, J. Walker, 1976). A subset of questionnaires was surveyed to ensure that the 13 steps chosen adequately reflected the steps included by the directors. A description of each of the 13 steps in the sequence, with typical examples, can be found in Appendix B.

Coding was completed by recording both (a) the occurrence of any of the 13 steps, and (b) the order of the steps. Inter-rater agreement of 89.6 percent was obtained on an initial sample of 10 questionnaires; on a subsequent sample of 14 questionnaires, agreement was 93.9 percent. Use of the 13-step coding system reduced the mean number of steps to 5.5 since multiple steps often were encompassed by one step in the coding system. The percentages of directors mentioning each of the 13 steps are presented in Table 3.

- - - - - - - - - - - - - - - - - -

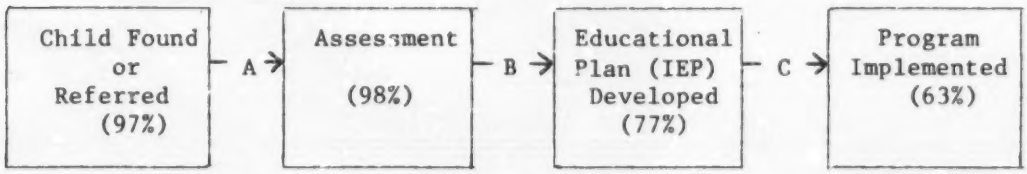
Insert Table 3 about here

- - - - - - - - - - - - - - - - - -

As can be seen in this table, the steps most frequently included by the directors were child found or referred (97%), assessment (98%), development of the IEP (77%), and implementation of the program (63%). There was considerable consistency among directors in the order in which steps were listed. Although no director mentioned all 13 steps

in describing the assessment and decision-making process, those steps that were included tended to be listed in the order presented in Table 3. For example, 87 directors listed child found or referred as the first step in the process; in almost all cases, assessment followed referral, development of the IEP followed assessment, and program implementation followed development of the IEP. The most frequent exception in the order of the steps was the reversal of the placement decision and develop IEP steps. Of the 19 directors including both steps, 74 percent listed the placement decision before the development of the IEP.

The steps mentioned most frequently by the directors may be conceptualized as "anchor points" and the assessment and decision-making process schematized as:



Although most directors agreed on the importance of these steps, as measured by the frequency with which they were mentioned, there was considerable variation among directors in the inclusion of the intermediate steps linking the primary steps.

Child found or referred is the first step in the sequence. Ninety directors listed this step; 72.2 percent of them specified the teacher, either alone (10%) or in combination with others, as the initiator of the referral. The most common combination was the teacher and the parent (45.6%). The most frequently mentioned step linking referral and assessment was obtaining parental permission to assess (46%), followed by review of referral (37%), and appointing the assessment team (11%).

In addition, a few directors described intervention efforts preceding assessment (e.g., 30-day period in which local school intervention efforts were carried out, development of within-school interventions by referral team). Most directors described the referral and assessment process as being handled primarily by local school personnel, with the assistance of a few professionals (e.g., school psychologist) who served a number of schools. However, some directors described a process in which assessment (and often eligibility determination) was carried out by a specialized team, organized at the district level, which visited the school briefly for the purpose of collecting data on the child. Between these extremes, a range of intermediate versions of the locally and regionally organized approaches to assessment and decision making were described.

The next major step in the process was assessment. Those directors providing detailed descriptions of this step used from one to nine steps to describe the process, with the mean number of steps being 2.5. Approximately twice as many directors mentioned the content of the process (N = 68) as mentioned the professionals involved in it (N = 32). Table 4 lists the content areas and professionals most frequently mentioned. Psychological assessments were most frequently mentioned as the content of assessment. In terms of frequency of inclusion in descriptions, none of the other content areas approached the importance of the psychological assessment. In view of this, it is not surprising that the psychologist was the professional most frequently mentioned.

- - - - - - - - - - - - - - - - - -

Insert Table 4 about here

- - - - - - - - - - - - - - - - - -

The most frequently mentioned step linking assessment and the development of the IEP was review of assessment results (21%), followed by eligibility determination (19%), and contact parent after assessment (12%). As previously noted, most directors listed the placement decision before development of the IEP.

When eligibility determination was included as a step, it generally preceded the IEP development step. The eligibility decision sometimes involved only one person (e.g., psychologist, director of special education); more frequently, it involved a team of individuals. Some directors seemed to describe a process in which the eligibility determination was made at the same meeting in which the placement decision was made and the educational plan developed. It was not possible to determine from this survey how often eligibility decisions were made at the same meetings in which these other decisions were made. Directors frequently mentioned meetings without describing what occurred in the meetings or listed sequences of steps without specifying whether they occurred on the same or different occasions. In this context it is of interest that most directors (79%) indicated that there were some occasions when meetings were held prior to the placement team meeting at which parents would be present, to resolve differences between team members concerning the placement team decision. It is possible that the eligibility decision also was made at these meetings since placement pre-supposes eligibility for services.

Although many directors indicated that the IEP was developed at a meeting with parents present, some described considerable development

of the plan preceding the parent meeting. In one case, a teacher was described as writing the IEP before meeting with the parent for input. While 48 percent of the directors indicated that those persons responsible for implementing the instructional decision were present in 81 percent or more of the meetings where those decisions were made, 29 percent indicated that staff with such responsibilities were present in 20 percent or less of these meetings.

Factors Influencing the Outcome of the Team Decision-Making Process

Directors were asked to rate the influence of 17 factors on the outcome of the team decision-making process, using a scale from one (no influence) to five (very significant influence). Mean ratings of the 99 directors who responded are displayed in Table 5.

- - - - - - - - - - - - - - - - - -

Insert Table 5 about here

- - - - - - - - - - - - - - - - - -

The two factors rated as most influential were teacher reports of classroom achievement ($\bar{X}$ = 4.4) and information provided by the parent or guardian ($\bar{X}$ = 4.1). Other alternative sources of data, including medical, social, observational, and test score data, were rated as moderately influential (3.6 to 3.9). There was little difference in the perceived importance of different types of test data; mean ratings for achievement, perceptual-motor, psycholinguistic, and intelligence test data ranged from 3.7 to 3.9. Relatively enduring characteristics of the child (e.g., race, sex) were judged by most directors as relatively unimportant in influencing the outcome of the team decision. Mean ratings of these factors ranged from 1.4 to 2.1, with the child's race and sex judged as the least influential. As suggested by the greater variability in

ratings, some directors attached greater significance to parent power, socioeconomic status, and physical appearance, than to sex and race. The remaining factors (attendance record, availability of services, teacher-child match) were rated as of moderate influence in determining outcome.

Concerns About the Decision-Making and IEP Planning Process

Directors were asked to list the three most significant issues regarding the team decision-making and IEP planning process mandated by P.L. 94-142. These statements were typed on cards and sorted into 10 categories by two judges who worked independently. Agreement was obtained on eight of the 10 categories they produced, with minor differences in the descriptive labels applied to some of the categories. The eight categories and examples of statements from each are found in Table 6.

- - - - - - - - - - - - - - - - - -

Insert Table 6 about here

- - - - - - - - - - - - - - - - - -

Concerns involving time and scheduling (e.g., finding a convenient time for all members to meet, amount of time required for meetings) were mentioned most frequently by the directors. Other frequently mentioned concerns included lack of funds and staff to implement the process, the extensive amount of paperwork involved, impediments to parental involvement in the process, and the need for training.

Approximately half of the directors indicated that some type of training in decision making was provided to professionals participating on decision-making teams. However, there was little uniformity among directors in the type of training described. Topics included the preparation of the IEP, legal issues, mainstreaming, and interpretation of test data. Only two directors mentioned training in decision-making skills.

Discussion

The process of assessment and decision making as described by directors of special education was a multidisciplinary one, and decision-making teams were made up of a variety of individuals.

Team membership was, to a certain extent, a function of the type of decision being made. For example, although 81% of the directors chose the school psychologist as a member of the placement team, less than half (48%) included this professional on the team making instructional planning decisions. It is likely, then, that the directors perceived some professionals as having special expertise related to specific types of decisions. However, directors indicated some team members participated in all types of decision making. Thus, at least half the directors included the parent(s), school administrator, regular classroom teacher, and the speech and language specialist, on teams making screening, placement, and instructional planning decisions. The individual most consistently represented on all types of decision-making teams was the classroom teacher.

Directors' descriptions of the steps involved in the assessment and decision-making process varied greatly. Yet, there was general agreement among directors that referral or finding a child, assessment, development of the IEP, and implementation of the program were basic steps in the process. Directors agreed substantially in terms of the order in which they listed steps; this order tended to agree with that of the 13-step scoring system.

Most directors began their descriptions of the process with the referral. Only a few described attempts by teachers and others to modify the regular classroom setting as part of the process, despite the fact that planned change in the classroom may eliminate the need for future

assessment and decision making. While some directors described a process in which assessment and eligibility determination were carried out by local school personnel, others described a process in which assessment was completed by a specialized team organized on a district-wide basis. When the assessment process was described in detail, the component most frequently mentioned was psychological assessment, and the professional most frequently mentioned was the school psychologist.

Directors differed in the extent to which they indicated that parents were involved in the eligibility determination. Some described a process in which eligibility and placement decisions occurred in the same meeting and parents were included in both decisions. Others described a process in which the two decisions were clearly separated and parents were present only in the latter case. While P.L. 94-142 clearly requires parents to be involved in the process, it does not specify the extent to which parents are to be involved in eligibility or classification decisions. According to Yoshida, Fenton, Maxwell, and Kaufman (1977), states such as Connecticut, Massachusetts, and Michigan make a special point of including parents in both eligibility and placement decisions.

When asked to rate the influence of a set of factors on the outcome of the assessment and decision-making process, the factor rated as most important was teacher reports of classroom achievement. This underscores the teacher's pivotal role in the process from the director's point of view. Closely following teacher reports in importance was information from the child's parents or guardians. Directors did not differentiate between the different test-based sources of data: achievement, perceptual-motor, psycholinguistic, and intelligence test data received about equal

mean ratings. This is an interesting finding, given the recent controversy over the usefulness of perceptual-motor and psycholinguistic tests in the planning of educational programs for children (e.g., Hammill, Goodman, & Wiederholt, 1974; Hamill & Larsen, 1974). There is evidence that participants in placement team meetings, when asked to rate the importance of these sources of test data at the end of the meeting, do rank achievement and intelligence test data as more important than perceptual-motor and psycholinguistic data (Thurlow, 1979).

Directors assigned little importance to factors such as the child's race, sex, and physical appearance. Yet, there is evidence from simulation studies that a child's physical appearance and sex can affect the outcome of a decision to label the child as normal or handicapped (Ysseldyke, 1979). Also, researchers have pointed to the influence of the child's sex in the referral step, with many more boys than girls being referred for special services (Gregory, 1977; Naiden, 1976). Directors assigned slightly more importance to factors such as the child's socioeconomic status and the power of the child's parents in the school system.

Directors shared a number of concerns about the team decision-making process and the development of the IEP. A major concern was the amount of time the process required to complete and the difficulties in finding meeting times for those participating in the process.

The results of this survey suggest that the classroom teacher is given a central role in the process of assessment and decision making by directors of special education. The classroom teacher was the only team member chosen by at least 70 percent of the directors to participate

in screening, placement, and instructional planning decisions. Information provided by the classroom teacher concerning the child's classroom achievement was identified as the most important factor influencing the outcome of the process. Teachers, either alone or in conjunction with others, were mentioned by directors as initiators of the referral process. Yet, there is some evidence (Yoshida, Fenton, Maxwell, & Kaufman, 1978) that classroom teachers often are dissatisfied with the placement team process and perceive their own contribution as lacking. Providing teachers with training in decision-making skills might provide them with the skills they need to become more effective participants in the process. However, only slightly more than half the directors indicated that training in decision-making skills was provided to members of decision-making teams. Where training was indicated, there was little agreement regarding the nature of the training provided.

While the present survey has helped to characterize the process of assessment and decision making as it occurs in school settings, it also has raised many questions. We know, for example, that some directors clearly differentiate eligibility from placement decisions, while others do not. Does it make any difference in the quality of the decision whether the eligibility and placement decisions are made in different meetings or are accomplished in the same meeting? Currently we have no data with which to answer these and other questions.

Further research is needed to answer some of the questions raised by this study. Directors suggest that some team members, such as teachers and parents, have an especially important contribution to make

to such meetings. Directors further characterize the decision-making process as a multidisciplinary one. Data are needed on whether each team member contributes to the outcome of the meeting or whether there is a smaller group of persons who tend to exert the major influence on the team's decision. With the data from follow-up research such as this, we should have a clearer understanding of the process by which decisions are made concerning children who are said to be learning disabled.

References

Fenton, K. S., Yoshida, R. K., Maxwell, J. P., & Kaufman, M. T. Recognition of team goals: An essential step toward rational decision making. Exceptional Children, 1979, 45, 638-644.

Gillespie, P. H. A planned change approach to the implementation of the IEP provision of PL 94-142. Developing criteria for the evaluation of individual education program provisions. Washington, D.C.: United States Office of Education, Bureau of Education for the Handicapped, 1978.

Gregory, M. K. Sex bias in school referrals. Journal of School Psychology, 1977, 15, 5-8.

Hammill, D., Goodman, L., Wiederholt, J. Visual-motor processes: Can we train them? The Reading Teacher, 1974, 27, 469-478.

Hammill, D., & Larsen, S. C. The effectiveness of psycholinguistic training. Exceptional Children, 1974, 41, 5-14.

Hoff, M. K., Fenton, K. S., Yoshida, R. K., & Kaufman, M. J. Notice and consent: The school's responsibility to inform parents. Journal of School Psychology, 1978, 16, 265-273.

Naiden, N. Ratio of boys to girls among disabled readers. Reading Teacher, 1976, 29, 5, 439-446.

Thurlow, M. Personal communication, November, 1979.

Thurlow, M., & Ysseldyke, J. Current assessment and decision-making practices in model programs for the learning disabled (Research Report No. 11). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities, 1979.

Walker, H. M. The individualized educational program (IEP) as a vehicle for the delivery of special education and related services to handicapped children. In Developing criteria for the evaluation of individualized education program provisions. Washington, D.C.: United States Office of Education, Bureau of Education for the Handicapped, 1978.

Walker, J. (Ed.). Functions of the placement committee in special education. Washington, D.C.: National Association of State Directors of Special Education, 1976.

Woodcock, R. W., & Johnson, M. B. Woodcock-Johnson psycho-educational battery. Boston: Teaching Resources, 1977.

Yoshida, R. K., Fenton, K. S., Maxwell, J. P., & Kaufman, M. J. Parental involvement in the special education pupil planning process: The school's perspective (Research Report No. 1). Washington, D.C.: United States Office of Education, Bureau of Education for the Handicapped, State Program Studies Branch, 1977.

Yoshida, R. K., Fenton, K. S., Maxwell, J. P., & Kaufman, N. J. Group decision making in the planning team process: Myth or reality? Journal of School Psychology, 1978, 16, 237-244.

Ysseldyke, J. E. Personal communication, November, 1979.

Table 1

Composition of Multidisciplinary Teams Responsible for Making Screening, Placement, and Instructional Planning Decisions: Percentages of Directors of Special Education Listing Each Team Member (N=97)

Team Member [a]	Type of Decision		
	Screening	Placement	Instructional Planning
Parent	61%	91%	84%
School Administrator	72%	89%	55%
Special Education Teacher	48%	85%	89%
School Psychologist	64%	81%	48%
Regular Classroom Teacher	82%	78%	72%
Speech/language/audiology Specialist	69%	68%	51%
LD Specialist	47%	62%	68%
Educational Diagnostician	47%	62%	47%
Director of Special Education	38%	60%	38%
School Counselor	56%	58%	28%
Child	41%	39%	42%
Nurse	47%	38%	12%
Social Worker	29%	33%	14%
Physician	15%	20%	6%
Psychiatrist	8%	13%	6%
Paraprofessional Aide	9%	4%	16%
Physical Therapist	3%	3%	3%
Occupational Therapist	2%	2%	2%

[a]Table includes only those members mentioned by more than one director. An additional 16 team members were identified by one director only.

Table 2

Percentages of Directors of Special Education Choosing a Professional to Participate on a Placement Team Limited to Four Professionals (N=99)

Professional[a]	Percentage
Regular Classroom Teacher	79.8
Special Education Teacher	71.7
School Psychologist	63.6
Principal	27.3
Director of Special Education	24.2
School Administrator	23.2
Educational Diagnostician	19.2
School Counselor	15.2
LD Specialist	14.1
Speech/language/auditory Specialist	13.1
Social Worker	9.1
Nurse	4.0
Resource Teacher	4.0
Coordinator	3.0
Physician	2.0
Psychometrist	2.0

[a]Table includes only those professionals mentioned by more than one director. Some directors listed fewer than four professionals; those professionals are included in this analysis.

Table 3

Percentages of Directors of Special Education Mentioning 13 Aspects of the Assessment/Decision-Making Process

Aspect	Percentage
Child found or referred	96.9
Review of referral	31.7
Appoint assessment team	11.3
Obtain parental permission to assess	46.4
Assessment	97.9
Review of assessment results	20.6
Eligibility determination	18.6
Contact parent after assessment	12.4
Develop IEP	77.3
Placement decision	35.1
Parental permission for placement	27.8
Develop strategies to implement IEP	4.1
Implement program	62.9

Table 4

Descriptions of the Assessment Process Categorized in Terms of Content Areas and Professionals Mentioned[a]

Content Areas (N = 63)		Professionals (N = 32)	
Psychological	69.8	Psychologist	46.9
Observation	25.4	Nurse	28.1
Medical/Physical	22.2	Classroom Teacher	25.0
Educational	20.6	Speech/Language/ Audiologist	18.8
Speech/Language	19.0	LD Specialist	15.6
Vision/Hearing	12.7	School Counselor	12.5
Intellectual	11.1	Social Worker	12.5
Achievement	9.5	Educational Diagnostician	9.4
Screening	9.5		

[a]Entries in table are percentages of directors. In each category, Content Areas and Professionals, percentages are based on those directors who mention content items (N = 63) or professionals (N = 32) in their descriptions. Only the most frequently mentioned content areas and professionals are included in this analysis.

Table 5

Special Education Directors' Ratings of Factors Influencing the Outcome of the Team Decision-Making Process on a Scale from One (Not Significant) to Five (Highly Significant)

Factor	Rating Mean	SD
Type of Data		
Teacher reports of child's classroom achievement	4.38	.65
Information from child's parents/guardians	4.07	.75
Medical information	3.85	.84
Observational data other than teacher reports	3.65	.73
Teacher reports of the child's social behavior	3.65	.68
Child's scores on Intelligence Tests	3.82	.84
Child's scores on psycholinguistic tests	3.67	.82
Child's scores on perceptual-motor tests	3.84	.80
Child's scores on achievement tests	3.93	.78
Child Characteristic		
Child's race	1.39	.65
Child's socioeconomic status	2.07	.91
Child's physical appearance	1.80	.82
Child's sex	1.50	.69
"Power" of child's parents in the school system	2.04	.97
Other		
Child's school attendance record	3.29	.89
Availability of services	3.22	1.25
Match between child and teacher to whom the child would be assigned	3.12	1.01

Table 6

Problems Directors of Special Education Describe in the Implementation of the Process of Team Decision Making and Development of the IEP

CATEGORY	EXAMPLE
1. Time and scheduling concerns	-Difficulty finding a convenient meeting time for all members. -Release time so that regular and special education teachers can plan together.
2. Process concerns including the functioning of the decision-making team.	-Ability of team to appropriately interpret results of assessment and other information pertinent to the rendering of educational service. -A variety of results depending on the teachers, psychologist, or others involved in the process.
3. Lack of training and qualified personnel	-Finding adequately prepared people to fill staff positions. -Training all staff members to understand and be a part of the process.
4. Parents	-Getting parents involved in the child study team.
5. Funds/space/staff	-Lack of personnel and funds to deal adequately with the problem. -Lack of funds.
6. Paperwork	-Too much paperwork. -Paperwork uses time which could be used to help children.
7. IEP	-Inconsistency by professionals in completing IEP forms. -The time consumed in writing the IEP is enormous.
8. Legalities, regulations, compliance	-Legal requirements are sometimes stumbling blocks in the implementation of the process. -Keeping current with state and federal law.

APPENDIX A

Directors of Special Education Assessment and Decision-Making Questionnaire

ID #:_____

Assessment and Decision Making

We are asking that the Director of Special Education or the person who performs this function in the school district fill out this form. The following questions are designed to help us characterize the process of referral, placement, and decision making as it occurs in schools.

A. General Information

1. How would you classify the area served by your schools? (If more than one category applies, check the one which is most representative).

   _____ (1) Rural _____ (2) Urban _____(3) Suburban

2. What is the total population (adults and children) of the area served by the school district?

   _____(1) under 2,500 _____(4) 50,000 - 99,999 _____(7) 600,000 - 999,999
   _____(2) 2,500 - 9,999 _____(5) 100,000 - 299,999 _____(8) over 1,000,000
   _____(3) 10,000 - 49,999 _____(6) 300,000 - 599,999

3. Approximately how many pupils attend elementary classes (grades K-6) in your district? (Check one.)

   _____(1) under 100 _____(4) 1,000 - 1,999 _____(7) 10,000 - 24,999
   _____(2) 100 - 499 _____(5) 2,000 - 4,999 _____(8) 25,000 - 49,999
   _____(3) 500 - 999 _____(6) 5,000 - 9,999 _____(9) over 50,000

4. What is the average per-pupil expenditure for regular education services in your district? _____

   What is the average per-pupil expenditure for special education services in your district?_____

B. Assessment/Decision-Making Team

1. Decisions made in schools can be categorized into (1) screening decisions (does this child need further evaluation?); (2) classification, identification, eligibility or placement decisions; and (3) instructional planning decisions. The makeup of the decision-making team may vary as a function of the kind of decision being made. For each of the three kinds of decisions listed below check the team members typically involved in such meetings.

	Child	Parent	Director of Sp.Ed.	Educational diagnostician	LD Specialist	Para-professional aide	Physician	Psychiatrist	Psychologist	Regular class teacher	School administrator	School counselor	Social worker	Special Education teacher	Speech/language/ audiology specialist	School nurse	Other (list)			
Screening																				
Placement																				
Instructional Planning																				

2. Consider only those staff members who have primary responsibility for implementing proposed instructional programs. What percentage of time are they present at team meetings where instructional programming decisions are made? (Check one.)

   _____(1) 0 - 20% _____(2) 21 - 40% _____(3) 41 - 60% _____(4) 61 - 80% _____(5) 81 - 100%

3. If a placement team was limited to four professionals and the parents, which professionals would you choose to include?

   _____ _____ _____ _____

4. What is the approximate length in minutes of the meetings in your district where placement decisions are made?

   Longest meeting _____ Shortest meeting _____ Average length _____

C. Assessment/Decision-Making Intervention Sequence

1. Please list and describe in the customary order of occurrence the major steps in the assessment and decision making process used in your district. Please be as specific as possible. An example of such a sequence might be: (1) Referral by teacher or parent, ...(5) Psychological assessment,... etc.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

2. Does your district provide training in decision-making skills to professionals participating on decision-making teams? ____(1) yes ____(2) no If yes, briefly describe the nature of the training.

_____

_____

3. How important do you think the factors listed below are in influencing the outcome of the team decision-making process as it typically operates in the schools in your district? Use the following numbers to indicate the effect of each factor:

1 = None 2 = Insignificant 3 = Moderate 4 = Significant 5 = Very Significant

_____ The child's school attendance record
_____ Teacher reports of the child's classroom achievement
_____ Medical information
_____ The child's race
_____ The child's scores on intelligence tests
_____ The "power" of the child's parents in the school system
_____ The availability of services
_____ The child's sociometric status
_____ Observational data other than teacher reports
_____ The child's scores on psycholinguistic tests
_____ The match between the child and the teacher to whom the child would be assigned
_____ The child's physical appearance
_____ Teacher reports of the child's social behavior
_____ Information provided by the child's parents/guardians
_____ The child's scores on perceptual-motor tests
_____ The child's sex
_____ The child's scores on achievement tests

Other factors (please list and rate)

____ _____
____ _____
____ _____

4. Prior to the placement team meeting with the parents present, does your district ever utilize meetings, in which parents are not present, to resolve differences among team members concerning the placement decision? ____(1) yes ____(2) no If so, in approximately what percentage of student placement decisions has such a process been used? (Check one.)

____(1) 0 - 20% ____(2) 21 - 40% ____(3) 41 - 60% ____(4) 61 - 80% ____(5) 81 - 100%

D. Concerns

School systems throughout the nation have expressed and continue to express concerns regarding the placement team decision-making and IEP planning process. We would like to document consistency of problems and concerns across districts and states. Please, very briefly, list the three most significant problems your district is experiencing in efforts to implement the process.

1.

2.

3.

For additional comments, use the space below.

APPENDIX B

Descriptions and Examples of the 13 Steps in a Model of the Assessment/Decision-Making Process

Step	Description	Examples
Child found or referred	The child's teacher, parent, etc., initiates a request that the child be evaluated to determine the need for a modification in current educational programming. This includes cases which originate as a result of the routine screening of students in a district.	Referral Referral by teacher or parent Screening and referral
Review of referral	The referral is directed to one or a group of persons who act as "gate keepers." Decisions are made as to how appropriate the referral is, whether the problem can be dealt with in the classroom, and whether the referral requires further action.	Screening of referral
Appoint assessment team	An assessment team is appointed, with each team member assigned specific responsibilities for collecting information on the child.	Assignment of responsibility for assessment
Obtain parental permission to assess	Parents are informed of their rights and of the proposed action to be taken in assessing their child. Efforts may be made to involve parents in the assessment process.	Permission to evaluate obtained Parent signs to test
Assessment	The process of collecting data on a child for the purpose of making educational decisions (eligibility/instructional planning). Often this step is broken down into a number of sequences such as psychological tests, nurse, physical, etc.	Comprehensive evaluation by team Psychoeducational testing
Review of assessment results	Members of the assessment team meet to discuss their results and decide whether further assessment is necessary. Often this step is combined in the same meeting in which eligibility is determined and the IEP developed.	Meeting to assemble assessment results Team report of results
Eligibility determination	The group of persons involved in conducting the assessment meets to decide whether, on the basis of their findings, the student meets the eligibility criteria for receiving special education services.	Classification decision Recommendation of eligibility committee
Contact parent after assessment	Parents are notified of the results of the assessment process carried out on their child. If the child has been classified as eligible to receive services, then the parents are informed of the date of the meeting at which the IEP will be developed.	Parents notified of IEP meeting Review results with parents
Develop IEP	A group of persons meets to develop the IEP. This group includes the parent or an authorized representative, and at least one representative of the team that determined the child to be eligible. Eligibility may be determined at the same meeting in which the IEP is developed.	IEP written. Development of IEP Teacher writes IEP
Placement decision	A decision is made as to what program of services to provide the child. Ideally, there is a range of options from which the final choice is made.	Recommendation for placement Placement team meeting
Parental permission for placement	Parents are given the opportunity to respond to the proposed plan of services.	Parents approve placement
Develop strategies to implement IEP	Those persons specifically responsible for carrying out the education plan described in the IEP develop instructional strategies to accomplish these goals.	Objectives written Individual programming
Implement program	The instructional plan and program placement outlined in the IEP are initiated.	Placement made IEP implemented

PUBLICATIONS

Institute for Research on Learning Disabilities
University of Minnesota

The Institute is not funded for the distribution of its publications. Publications may be obtained for $2 per document, a fee designed to cover printing and postage costs. Only checks and money orders payable to the University of Minnesota can be accepted. All orders must be prepaid.

Requests should be directed to: Editor
Institute for Research on Learning Disabilities
350 Elliott Hall
75 East River Road
University of Minnesota
Minneapolis, Minnesota 55455

Ysseldyke, J. E. Assessing the learning disabled youngster: The state of the art (Research Report No. 1). November, 1977.

*Ysseldyke, J. E. Research and development plan: University of Minnesota Institute for Research on Learning Disabilities (Monograph No. 1). June, 1978.

*Ysseldyke, J. E., & Thurlow, M. L. (Eds.). Synthesis of the knowledge base: Identification and assessment of learning disabled children (Monograph No. 2). June, 1978.

*Ysseldyke, J. E. Organizational plan for Minnesota's Institute for Research on Learning Disabilities (Monograph No. 3). June, 1978.

*Ysseldyke, J. E., & Thurlow, M. L. Specific investigations to be completed during years two and three (Monograph No. 4). June, 1978.

*Ysseldyke, J. E., & Thurlow, M. L. Training opportunities at Minnesota's Institute for Research on Learning Disabilities (Monograph No. 5). June, 1978.

*Ysseldyke, J. E. Client base (Monograph No. 6). June, 1978.

Ysseldyke, J. E., & Regan, R. R. Nondiscriminatory assessment and decision making (Monograph No. 7). February, 1979.

**Thurlow, M., & Ysseldyke, J. Assessment in the child service demonstration centers for learning disabled children (Research Report No. 2). March, 1979.

---

*As part of its continuation proposal, the Institute was required to prepare these monographs. Because they are part of the proposal, they are not available for general distribution.

**This research report is not being distributed by the Institute. Requests for it should be directed to: The NETWORK, 290 S. Main Street, Andover, Massachusetts 01810

Foster, G., Algozzine, B., & Ysseldyke, J. Susceptibility to stereotypic bias (Research Report No. 3). March, 1979.

Algozzine, B. An analysis of the disturbingness and acceptability of behaviors as a function of diagnostic label (Research Report No. 4). March, 1979.

Algozzine, B., & McGraw, K. Diagnostic testing in mathematics: An extension of the PIAT? (Research Report No. 5). March, 1979.

Deno, S. L. A direct observation approach to measuring classroom behavior: Procedures and application (Research Report No. 6). April, 1979.

Ysseldyke, J. E., & Mirkin, P. K. Proceedings of the Minnesota roundtable conference on assessment of learning disabled children (Monograph No. 8). April, 1979.

Somwaru, J. P. A new approach to the assessment of learning disabilities (Monograph No. 9). April, 1979.

Algozzine, B., Forgnone, C., Mercer, C. D., & Trifiletti, J. J. Toward defining discrepancies for specific learning disabilities: An analysis and alternatives (Research Report No. 7). June, 1979.

Algozzine, B. The disturbing child: A validation report (Research Report No. 8). June, 1979.

Ysseldyke, J. E., Algozzine, B., Regan, R., & Potter, M. Technical adequacy of tests used by professionals in simulated decision making (Research Report No. 9). July, 1979.

Jenkins, J. R., Deno, S. L., & Mirkin, P. K. Measuring pupil progress toward the least restrictive environment (Monograph No. 10). August, 1979.

Mirkin, P. K., & Deno, S. L. Formative evaluation in the classroom: An approach to improving instruction (Research Report No. 10). August, 1979.

Thurlow, M. L., & Ysseldyke, J. E. Current assessment and decision-making practices in model programs for the learning disabled (Research Report No. 11). August, 1979.

Deno, S. L., Chiang, B., Tindal, G., & Blackburn, M. Experimental analysis of program components: An approach to research in CSDC's (Research Report No. 12). August, 1979.

Ysseldyke, J. E., Algozzine, B., Shinn, M., & McGue, M. Similarities and differences between underachievers and students labeled learning disabled: Identical twins with different mothers (Research Report No. 13). September, 1979.

Ysseldyke, J., & Algozzine, R. Perspectives on assessment of learning disabled students (Monograph No. 11). October, 1979.

Poland, S. F., Ysseldyke, J. E., Thurlow, M. L., & Mirkin, P. K. Current assessment and decision-making practices in school settings as reported by directors of special education (Research Report No. 14). November, 1979.

McGue, M., Shinn, M., & Ysseldyke, J. Validity of the Woodcock-Johnson psycho-educational battery with learning disabled students (Research Report No. 15). November, 1979.

Deno, S., Mirkin, P., & Shinn, M. Behavioral perspectives on the assessment of learning disabled children (Monograph No. 12). November, 1979.